



CERTIFICATE OF SERVICE

Enclosed please find the materials listed below, delivered via Express Mail (No. EB 307928875 US) to the United States Patent and Trademark Office, Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A handwritten signature in black ink, appearing to read "Donna M. Tirella".

Donna M. Tirella

May 28, 2008

Transmittal Form (1 page)
Petition for Extension of Time (1 page)
Amendment Transmittal Letter (1 page)
Amendment (22 pages)
Information Disclosure Statement (4 pages)
Information Disclosure Statement by Applicant (3 pages)
References (29 documents – 12 foreign/17 articles)
Postcard



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

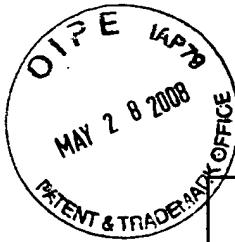
		Application Number	10/776,934, Conf. #2105
		Filing Date	February 10, 2004
		First Named Inventor	Hansen
		Art Unit	1635
		Examiner Name	K. Chong
Total Number of Pages in This Submission	N/A	Attorney Docket Number	366929-018US (396515)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Form SB/08 (3 pages) References (29 documents)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Dechert LLP		
Signature			
Printed name	Anna D. DiGabriele		
Date	May 28, 2008	Reg. No.	59,933



AMENDMENT TRANSMITTAL LETTER				Docket No. 366929-018US (396515)
Application No. 10/776,934, Conf. #2105	Filing Date February 10, 2004	Examiner K. Chong	Art Unit 1635	
Applicant(s): Hansen, et al.				
Invention: OLIGOMERIC COMPOUNDS FOR THE MODULATION SURVIVIN EXPRESSION				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	77	- 221 =	0	x 0
Independent Claims	1	- 33 =	0	x 0
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/> Previously paid				
Other fee (please specify): Extension for response within second month Information Disclosure Statement				230.00 180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				410.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2778</u> as described below.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
				
Dated: <u>May 28, 2008</u>				
Attorney/Agent Reg. No.: Anna D. DiGabriele/59,933				
Dechert LLP P.O. Box 390460 Mountain View, CA 94039-0460				